



EMPLOYER UPDATE

September 2017



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Medica with Mayo Clinic Health System ACO name change

Beginning Jan. 1, 2018, the Medica with Mayo Clinic Health System ACO will be transitioning to a new name: Medica CompleteHealth (*featuring care at Mayo Clinic*). This name better reflects the value of Medica's comprehensive network of providers and services in Minnesota and Wisconsin.

You'll start seeing the new name on the Jan. 1, 2018, Summaries of Benefits and Coverage (SBCs). Updated sales materials and open enrollment pieces are available. Members currently enrolled will receive new ID cards for the Jan. 1 change.

If you have any questions about the change, please contact your broker or Medica representative.

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Medica to make ACA coverage changes for statin medications

Effective November 1, 2017, there are mandated changes to the list of required preventive services under the Affordable Care Act (ACA). As a result of this change, Medica will add low-to-moderate-dose statins to its standard coverage recommendation for ACA preventive services. This will be an update to the ACA drug list and applicable to all plans eligible for coverage of these medications, which will apply for Medica's commercial members and Individual and Family Business (IFB) members.

Statins are a class of lipid-lowering medications used to reduce cardiovascular disease and mortality in those who are at high risk. These medications, and all other ACA-mandated preventive services for non-grandfathered plans, will be covered at 100%.

The upcoming coverage changes will include:

- Coverage for men and women age 40 to 75 years
- No quantity limit
- No prior authorization
- Low-to-moderate-dose statins, generic only (no high-dose or brand statins are included)

Here are the drugs and dosage strengths newly added to the ACA drug list:

- Atorvastatin 10 mg, 20 mg
- Fluvastatin 20 mg, 40 mg
- Fluvastatin ER 80 mg
- Lovastatin 10 mg, 20 mg, 40 mg
- Pravastatin 10 mg, 20 mg, 40 mg, 80 mg
- Rosuvastatin 5 mg, 10 mg
- Simvastatin 5 mg, 10 mg, 20 mg, 40 mg

For statin prescriptions outside these age ranges or strengths, standard member plan benefits will continue to apply. For reference, [see the statin recommendation](#) from the United States Preventive Services Task Force (USPSTF), as published last fall. The USPSTF statin recommendation is effective for plan years beginning on or after November 13, 2017, although Medica will update its standard coverage early to best serve its members starting November 1, 2017.

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Changes to Medica's Maximum Liability self-insured plans

Beginning January 1, 2018, Medica's self-insured plans for large groups and small groups in Minnesota will include a 110% aggregate stop loss and a \$40,000 specific stop loss, the same stop loss coverage available in Wisconsin and North Dakota.

If you have any questions about the changes, please contact your broker or Medica representative.

[View self-insured product flier.](#)

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24-hour health support: Medica CallLink®

Starting Oct 1, 2017, most Medica commercial members will have access to nurses and now advisors around the clock through Medica CallLink. This is the same great health support service members are used to, but enhanced with support from teams that can more appropriately triage and answer health-related questions.

When members call to find answers to health-related questions, they will receive trusted answers and confidential support. This service continues to be available at no additional cost to members.

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Medicare eligibility mailing coming later this month

Medica will soon mail Medicare Part B eligibility letters to all fully insured small group members and large group/self-insured* members age 64 and older or diagnosed with end-stage renal disease (ESRD). The letter includes details on how to check for Medicare eligibility, how payments for claims will change for those eligible for Part B and do not elect it and information on how to enroll for those who didn't when they first became eligible for Medicare.

[View Medicare eligibility letter.](#)

**The letter will only mail to self-insured members from employer groups who've adopted the benefit change.*

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Change to how drug manufacturer savings cards apply to group plans

Group plan members who use a manufacturer savings card to help pay for their specialty drugs will experience a change in the way the savings applies to their plan. (This savings card is sometimes referred to as a drug copay coupon, discount card or drug rebate card.)

What's changing?

Starting Jan. 1, 2018, when members use a savings card, only the *actual amount they pay* for their specialty drug will apply to their plan's deductible and/or out-of-pocket maximum. Previously, the *value of the savings card* was also applied to these amounts, but that will no longer be the case in 2018.

Example: How it Works	Specialty Drug Cost	Amount Saved with Savings Card	Amount Member Paid for Drug	Amount Applied to Member's Plan
Through Dec. 31, 2017	\$100	\$80	\$20	\$100
Starting Jan. 1, 2018	\$100	\$80	\$20	\$20

Note: Members may continue using a savings cards to help them pay for their drug.

Communication plan

Affected members will receive a letter in October informing them of this change.

[View sample letter.](#)

Questions?

For answers to frequently asked questions about these changes, please review our FAQ.

[Read FAQ.](#)

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Member topic of the month: Medica Premium Designation Program

Every month we feature ready-made promotional materials for one of our member programs or services. Print the flier or email it to your employees, whichever you prefer!

The topic this month is the Medica Premium Designation Program. This program evaluates physicians in 26 categories of primary care and specialty care and is available to Medica members at no additional charge. Members can see which physicians meet the Premium Designation criteria on our online provider search tool.

[View Medica Premium Designation flier.](#)

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